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**IMPLEMENTATION OF THE STRATEGY
FOR UNFPA ASSISTANCE TO SUB-SAHARAN AFRICA**

Summary

This report has been prepared in response to Governing Council decision 89/46 A, which requested the Executive Director to report to the Council at its thirty-eighth session on the continued implementation of UNFPA's strategy for assistance to sub-Saharan Africa. The report comprises three sections. The first section provides data on UNFPA financial support for the implementation of the strategy and reviews the efforts of other donors and the countries themselves. The second section examines the progress made in the region during the 1987-1990 period in attaining the goals of the strategy by focusing on the strategy's main programme areas: population policy and development planning; maternal and child health and family planning; population information, education and communication; and women, population and development. The third section identifies some of the problems and constraints that continue to hamper the provision of population assistance to African countries. The report concludes with a brief discussion of the special initiatives UNFPA has undertaken to facilitate the implementation of the strategy.

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INTRODUCTION

1. This report has been prepared in response to Governing Council decision 89/46 A, which requested the Executive Director to report to the Council at its thirty-eighth session on the continued implementation of UNFPA's strategy for assistance to sub-Saharan Africa. The Council further requested that the Executive Director "report on (a) the status of support for the establishment of a regional information, education and communication clearing house and regional training centres on population information, education and communication and maternal and child health/family planning, and (b) the issues surrounding the financing of technical assistance provided to demographic centres in the African countries, including the question of increasing this financing" (para. 9).
2. It should be recalled that the main objectives of UNFPA activities in sub-Saharan Africa, as set forth in the Fund's strategy (document DP/1987/37) and approved by the Governing Council in decision 87/30 I, are: (a) to improve the knowledge and understanding of population issues in order to stimulate the adoption and development of population policies and programmes; and (b) to enhance Governments' ability to implement such policies and programmes effectively.
3. Document DP/1987/37, while noting that numerous sub-Saharan African countries had made creditable progress in the population field in the previous 15 years, identified the major problems facing most of the countries in the region as follows: the lack of qualified personnel, shortcomings in managerial and organizational capacity, difficulties in delivery of supplies and equipment, lack of communication facilities, the distances involved for the transport of personnel and supplies and equipment, the lack of health infrastructure and limited domestic resources (paras. 16 and 17). The report further pointed out that very few countries had at that time achieved a national consensus on population and fewer still had formulated and adopted an explicit national population policy.
4. The strategy devised to address these shortcomings concentrated on four priority areas of assistance: (a) intensifying public information, education and communication (IEC) programmes to encourage attitudinal change; (b) encouraging the integration of population into development planning and the formulation and implementation of population policies; (c) supporting birth-spacing/family planning information and service programmes; and (d) contributing to the improvement of the status of women.
5. This report, UNFPA's second on the status of implementation of the Fund's strategy (see document DP/1989/38), provides an overview of the type and extent of assistance provided by UNFPA and other United Nations organizations and by bilateral donors during the period covered by the strategy, 1987-1990. It also examines the progress made by the countries in the region in the priority areas of the UNFPA strategy. The report is based mainly on information obtained from the UNFPA field offices that responded to a comprehensive questionnaire in late 1990, in consultation with the Governments concerned. In this way, data were obtained from 37 of the 43 countries in sub-Saharan Africa (reports were unavailable for Guinea-Bissau, Liberia, Mauritania, Namibia, Sao Tome and Principe, and Seychelles). The report also draws upon the information on Governments' perceptions and policies with respect to population in 41 countries available in the Population Policy Data Bank maintained by the United Nations Population Division.
6. This report comprises three sections. The first provides data on UNFPA financial support for implementation of the strategy and reviews the efforts of other donors and the countries themselves. The second section examines progress made in the region during the 1987-1990 period in attaining the goals of

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the strategy. The third section identifies some of the problems and constraints that continue to hamper the provision of population assistance to African countries.

I. UNFPA SUPPORT FOR STRATEGY IMPLEMENTATION

7. As can be seen in table 1, UNFPA dramatically increased its financial support to both country and regional activities during the period of implementation of the strategy. Expenditures of UNFPA regular resources at the country level grew from \$16.5 million in 1986, the year immediately prior to the implementation of the strategy, to an estimated \$40 million in 1990; figures for regional projects for the same years are \$5.3 million and \$10 million respectively. Additional expenditures of resources provided through multi-bilateral arrangements rose from \$350,000 in 1987 (\$220,000 for country projects, \$130,000 for regional) to an estimated \$3.9 million in 1990 (\$3 million country, \$900,000 regional). The growth in resources has been especially marked in those work-plan categories associated with the priority areas of assistance identified in the strategy, most notably in IEC, which between 1986 and 1989 more than tripled for country projects and more than doubled for regional projects. The percentage of increase in special programmes, the bulk of which are for projects addressing the special needs of women, was even more dramatic – expanding by some nine times the amount in 1986.

8. Table 1 also shows a marked increase in the number of UNFPA projects at the country level in the areas of IEC and special programmes, as well as a modest increase in the area of population policy formulation. Furthermore, the period 1987-1990 witnessed the Governing Council's approval of integrated and comprehensive population programmes in 39 African countries for a total of \$208.7 million.

9. This increase in UNFPA support to the region was accompanied by increased support from other donors. For example, in 1985 only seven countries received bilateral population assistance; by 1989 the number had increased to 19. International non-governmental organizations (NGOs), especially the International Planned Parenthood Federation (IPPF), also broadened their assistance from 31 to 35 countries, augmenting the amount of support in a number of cases. Similarly, the World Bank's involvement in population activities in the region shows the same tendency. Before 1985, only Kenya received World Bank loans or credits; by 1990, however, the number of countries so benefited reached 18. Annual average levels of World Bank funding varied from \$1 million in small countries to around \$5.5 million in Nigeria. The large majority of population activities supported by donors other than UNFPA were in the fields of family planning and maternal and child health.

10. The increased overall donor support during the period reflects at least two important changes that are taking place: (a) the growing recognition by both donors and recipients alike that population variables pose a challenge to national development and/or to the health and well-being of their populations; and (b) the increasing capacity of sub-Saharan African countries to absorb expanded levels of assistance and implement a wider range of activities. Although governmental commitment is still less than ideal in many countries and trained human resources are still in short supply throughout the region, considerable progress has been made in generating political will and in strengthening institutional infrastructures – two areas of emphasis in the UNFPA strategy.

TABLE I
Financial resources to country and regional activities 1986-1990
(in US dollars)

COUNTRY	1986		1987		1988		1989		1990	
	Proj.s.	Expenditures	Proj.s.	Expenditures	Proj.s.	Expenditures	Proj.s.	Expenditures	Proj.s.	Expenditures
Basic Data Collection	43	3,551,572	31	3,936,111	36	5,143,729	43	5,568,951	49	*
Pop Dynamics	31	1,895,721	32	2,529,383	36	2,936,501	35	3,028,997	40	*
Pop Policy Formulation	24	1,607,871	24	1,196,895	19	1,629,288	31	2,542,340	40	*
Family Planning	73	7,355,908	62	8,242,776	69	9,132,049	62	9,970,152	73	*
Information, Communication and Education	32	1,836,544	40	2,404,877	62	3,835,260	72	6,339,555	91	*
Special Programmes	6	140,463	10	393,642	18	460,534	27	1,259,796	35	*
Multisector Activities	29	195,552	25	158,252	27	270,776	34	579,004	55	*
TOTAL	238	16,583,631	224	18,861,936	267	23,408,137	304	29,288,795	383	40,000,000 (estimated)
REGIONAL										
Basic Data Collection	2	704,709	2	800,935	2	864,537	2	871,479	2	*
Pop Dynamics	6	1,828,036	6	1,931,260	4	1,295,114	7	1,270,256	8	*
Pop Policy Formulation	6	596,031	6	520,977	7	1,808,600	7	1,908,368	5	*
Family Planning	5	993,489	7	1,179,996	13	2,184,466	16	3,192,152	16	*
Information, Communication and Education	9	1,155,836	9	1,318,596	7	1,405,544	10	2,322,638	11	*
Special Programmes	1	10,781	1	49,482	0	(10,200)	0	0	1	*
Multisector Activities	1	55,877	6	140,433	3	270,000	5	193,139	5	*
TOTAL	30	5,344,759	37	5,941,679	36	7,818,061	47	9,758,032	48	10,240,000 (estimated)

* Exact expenditures by type of project unavailable at time of preparation of this paper.

II. PROGRESS IN THE MAIN PROGRAMME AREAS OF THE STRATEGY

11. The following analysis focuses on the main programme areas of the strategy, noting pertinent developments in the 43 countries that, according to the UNFPA classification, make up the region known as sub-Saharan Africa. For ease of reference, the estimated 1990 population and other key indicators of each country are shown in table 2. The main areas analysed below are: population policy and development planning; maternal and child health and family planning (MCH/FP); population information, education and communication; and women, population and development.

A. Population policy and development planning

12. A primary concern of the UNFPA strategy is to support activities conducive to the formulation of population policies in virtually all sub-Saharan African countries during the 1987-1990 period. Such activities, described below, include: the establishment of population commissions and/or units; the collection, analysis and dissemination of basic data and the conduct of related research; the integration of population concerns into development planning; and the review of laws and practices that are inconsistent with stated objectives of population policies and programmes. Important related issues examined include the policies of various countries regarding population growth, fertility and demographic variables. Although the progress noted in each of these areas is primarily due to the efforts of the countries themselves, the UNFPA strategy, as well as UNFPA assistance and the assistance of other donors have no doubt contributed to it.

Establishment of population commissions/units

13. According to the responses of UNFPA field offices, 14 countries in the region have established interministerial commissions to coordinate and supervise population activities and their implementation. National authorities in two other countries, Cape Verde and Gambia, have initiated discussions on establishing such commissions. UNFPA played a role in each of these cases. According to the field offices, the large majority of the commissions are satisfactorily carrying out their responsibilities.

14. Some 29 countries in the region now have a planning unit concerned with population activities. Half of these units were created during the period 1987-1990. Most are located in the ministry responsible for development planning; in a few countries, however, the units are situated in the Ministry of Finance or Economic Affairs or in the Central Statistical Office, and in one instance in the office of the President. These units, all of which UNFPA helped to create or sustain, have, to varying degrees, contributed to a better understanding of the role of population variables in development planning. In Mali, for instance, the Population Unit is playing a key role in mobilizing nationals and involving all ministries in the formulation of a national population policy. The Unit also helped to organize a national debate to review and discuss a first draft of the population policy. In Senegal, the Population Unit was instrumental in obtaining a national consensus on the final draft of the Priority Action and Investment Programme in population, which will be presented to a donors' meeting in 1991.

15. Nearly all countries for which information has been obtained have mobilized human and financial resources to implement the population programmes the population commissions and units are meant to oversee. Two thirds of them have initiated changes in existing institutional arrangements during the most recent four years, generally either creating or strengthening population commissions and units.

Basic data collection and demographic research

16. A realistic and effective population programme has to be based upon relevant data on population characteristics and trends as well as on related research. In nearly three quarters of the countries in the region, research relevant to population policy, much of it supported by UNFPA, was initiated or completed during the 1987-1990 period. In almost all cases, such research indicated the need either to formulate a population policy or to modify an existing one. This research included, among other things, demographic and health surveys, as well as studies on mortality, the need for family planning, and the impact of fertility on socio-economic factors. The Fund has also provided extensive support in all but three countries to such activities as population censuses, civil registration and sample surveys. A significant finding of the information provided by the UNFPA field offices is that the data collected and/or research findings obtained have actually been, or are likely to be, used in policy formulation and planning in almost all countries.

17. Civil registration systems are reported to be in operation in about half of the countries, but their coverage varies from a low of 5 per cent of births and 2 per cent of deaths to full coverage of vital events. The United Nations Statistical Office estimates that only three countries in sub-Saharan Africa (Cape Verde, Mauritius, and the Seychelles) – with a combined population of only one fifth of one per cent of the regional total – have a virtually (at least 90 per cent) complete registration of births and deaths. In at least six countries, there appears to be no functioning national civil registration system (Benin, Chad, Comoros, Ethiopia, Malawi and Uganda). All countries with a functioning civil registration system indicated that the coverage rates were higher in urban than in rural areas. During 1987-1990, the civil registration systems in 12 countries significantly improved (Botswana, Congo, Ethiopia, Kenya, Madagascar, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and the United Republic of Tanzania), in all cases with the support of UNFPA.

18. Research on spatial distribution was undertaken in 1987-1990 in nearly half of the countries. In almost all countries the research efforts have been supported by UNFPA.

19. Over two thirds of the countries in the region now provide teaching in demography and/or population and development in their national universities. In over half of them, however, population subjects are taught only at the undergraduate level. Only ten countries offer courses at the masters level (Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Nigeria, Senegal, Uganda, the United Republic of Tanzania and Zimbabwe) and four at doctoral level (Cameroon, Ghana, Kenya and Senegal). In addition to direct support at the country level, UNFPA continued throughout the 1987-1990 period to provide assistance for regional demographic training at the Regional Institute for Population Studies (RIPS) in Ghana and the Institut de Formation et de Recherche Démographiques (IFORD) in Cameroon, as well as for population and development training at the Institut Africain de Développement Economique et de Planification (IDEP) in Senegal. Based on an evaluation of the training programmes at RIPS and IFORD in 1989, the curricula of each will be restructured and expanded starting in 1991. As part of the restructuring, UNFPA will gradually reduce its support to these institutions.

20. Evaluation of progress made towards reaching established population goals is an important component of an effective population policy. This is an area requiring further concerted action, however, as only a small minority of the countries in the region – Botswana, Ghana, Kenya, and Uganda – are reported to undertake such evaluations periodically.

Policies regarding population growth

21. The impact of support for activities related to population policy formulation and refinement must be sought in perceptions of population dynamics and the adoption and implementation of population policies.

22. Just over two thirds (31) of the countries in the region now consider their rates of population growth to be too high. The reason most often given for this concern is that high population growth rates impede economic and social development. Only three countries (Congo, Equatorial Guinea and Gabon) view their current rate of growth as too low. Eight countries consider their growth rates to be satisfactory (Angola, Benin, Chad, Côte d'Ivoire, Mauritania, Mauritius, Togo and Zaire). These eight countries have, with the exception of Mauritius, annual growth rates of 2.5 per cent or more. The perception of the Government of Namibia, a newly independent country, is not yet known.

23. During 1987-1990, the government perception of population growth changed in seven countries. In six of the seven, the Government's perception shifted from "satisfactory" to "too high" (Cape Verde, Guinea, Guinea-Bissau, Madagascar, Mali and Mozambique); in one country it shifted from "too high" to "satisfactory" (Mauritius). This means that approximately four fifths of the region's 458 million inhabitants (1990) are living in countries where the rate of population growth is now considered to be too high. Only slightly more than one half of one per cent of the total population of the region resides in the few countries that still view their growth rate as too low.

24. However, not all countries whose Governments perceive their population growth rates as too high have taken steps to adopt a population policy. Nevertheless, 13 of the 31 countries that consider their growth rates as too high have adopted policies to lower it (Botswana, Burkina Faso, Gambia, Kenya, Liberia, Madagascar, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Zambia and Zimbabwe). Five others (Cameroon, Ethiopia, Gambia, Mali and the United Republic of Tanzania) are relatively advanced in the process leading to the adoption of a policy. The remaining 13 are at various stages in the process.

25. Policies on population growth changed from 1987 to 1990 in seven countries in the region. For example, Burkina Faso, Cape Verde, Madagascar and Zambia abandoned former policies to encourage growth in favour of policies to lower it; Mauritania modified a policy aimed at raising the growth rate to one of non-intervention; Mauritius moved from a policy to reduce population growth to one of maintaining the current low level; and Togo abandoned its policy to maintain the rate of population growth.

Policies regarding fertility

26. The perceptions of Governments with respect to current fertility levels correspond largely to their perceptions concerning population growth. Thirty countries for which information is available view the present level of fertility as too high. Congo, Equatorial Guinea, and Gabon view their rate of population growth as too low and would like to have a higher level of fertility. Regardless of their views on fertility

TABLE 2

Government perceptions of population growth and fertility

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English

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	1990 Population (in millions)	Population growth (per cent) (1985-1990)	Government Perception of population growth	Policy response regarding growth	Government Perception of fertility
Angola	10.0	2.7	Satisfactory	None	Too high
Benin	4.6	3.0	Satisfactory	None	Satisfactory
Botswana	1.3	3.9	Too high	To lower	Too high
Burkina Faso	9.0	2.9	Too high	To lower	Too high
Burundi	5.5	3.0	Too high	None	Too high
Cameroon	11.8	3.3	Too high	None	Too high
Cape Verde	0.4	3.2	Too high	None	Too high
Central African Republic	3.0	2.8	Too high	None	Unknown
Chad	5.7	2.5	Satisfactory	None	Satisfactory
Comoros	0.6	3.5	Too high	None	Too high
Congo	2.3	3.2	Too low	None	Too low
Côte d'Ivoire	12.0	3.8	Satisfactory	None	Satisfactory
Equatorial Guinea	0.4	2.4	Too low	None	Unknown
Ethiopia	49.2	2.8	Too high	None	Too high
Gabon	1.2	2.3	Too low	None	Too low
Gambia	0.9	2.6	Too high	None	Too high
Ghana	15.0	3.2	Too high	To lower	Too high
Guinea	5.8	2.9	Too high	None	Too high
Guinea-Bissau	1.0	2.0	Too high	None	Too high
Kenya	24.0	3.6	Too high	To lower	Too high
Lesotho	1.8	2.8	Too high	None	Too high
Liberia	2.6	3.2	Too high	To lower	Too high
Madagascar	12.0	3.2	Too high	To lower	Too high
Malawi	8.8	3.6	Too high	None	Too high
Mali	9.2	3.0	Too high	None	Too high
Mauritania	2.0	2.7	Satisfactory	None	Satisfactory
Mauritius	1.1	1.2	Satisfactory	Maintain	Satisfactory
Mozambique	15.7	2.7	Too high	None	Too high
Namibia	1.8	3.2	-	-	Unknown
Niger	7.7	3.1	Too high	None	Too high
Nigeria	108.5	3.3	Too high	To lower	Too high
Rwanda	7.2	3.5	Too high	To lower	Too high
Sao Tomé & Príncipe	0.1	2.4	Too high	None	Too high
Senegal	7.3	2.8	Too high	To lower	Too high
Seychelles	0.1	1.0	Too high	To lower	Unknown
Sierra Leone	4.2	2.5	Too high	To lower	Too high
Swaziland	0.8	3.4	Too high	None	Too high
Togo	3.5	3.1	Satisfactory	None	Satisfactory
Uganda	18.8	3.7	Too high	None	Too high
United R. of Tanzania	27.3	3.7	Too high	None	Too high
Zaire	35.6	3.1	Satisfactory	None	Satisfactory
Zambia	8.5	3.8	Too high	To lower	Too high
Zimbabwe	9.7	3.1	Too high	To lower	Too high
Total:	458.0				

Sources: Estimates of population size and growth are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World Population Prospects, 1990 (in press). Information on perceptions and policies are derived from the following sources: Population Policy Data Bank maintained by the United Nations Population Division, which updates as of beginning of 1991 information published in United Nations, Trends in Population Policy, 1989 (ST/ESA/Ser.A/114), and UNFPA field offices.

as a contributor to demographic growth, almost all Governments in the region now recognize that unregulated fertility constitutes a threat to the health of mothers and children and thus have begun efforts to make family planning services more readily available to their populations.

27. Government perceptions with regard to the level of fertility changed during 1987-1990 in six countries - in five of them from "satisfactory" to "too high" (Angola, Burkina Faso, Cape Verde, Guinea-Bissau and Madagascar) and in one from "too high" to "satisfactory" (Mauritius). In Zambia, where the perception of the level of fertility as being too high has remained unchanged, the Government has shifted to a policy aimed at reducing fertility.

Policies regarding other demographic variables

28. Besides population growth and fertility, most Governments are concerned about one or more additional demographic variables. The level of mortality, particularly infant mortality, is considered unacceptable by almost all Governments in the region. Only in Côte d'Ivoire, Mauritius and the Seychelles do the Governments view the level, although unsatisfactory, as acceptable given the level of medical technology and available resources. All countries in the region thus have, as a matter of policy, taken measures to improve health conditions and reduce mortality.

29. Spatial distribution of the population is another area of concern. Only four countries are satisfied with the current distribution of their populations (Angola, Comoros, Mauritius and Swaziland). A major change is desired in 28 countries, while six countries seek only a minor change (Chad, Guinea, Guinea-Bissau, Kenya, Lesotho and Uganda). Most countries have very high rates of urbanization, particularly in their capital cities, and sparsely distributed populations elsewhere.

30. Less than half of the countries have adopted policies to decelerate the current internal migratory trends, mainly from rural to urban areas. Ten countries seek to reverse the trend in rural-to-urban migration (Cameroon, Central African Republic, Equatorial Guinea, Gambia, Liberia, Lesotho, Madagascar, Mozambique, United Republic of Tanzania and Zambia), while two have a policy to accelerate such migration (Burundi and Uganda). Since 1986, over one third of the countries in the region have changed their internal migration policies: four have switched from a policy to decelerate or reverse rural-to-urban migration to no policy at all (Angola, Burkina Faso, Kenya and Swaziland); another four have intensified their policies, shifting from deceleration to reversal of the current migratory trends (Botswana, Cameroon, Madagascar and Zimbabwe); and three have abandoned policies of non-intervention - two of them in favour of a policy to slow down rural-to-urban migration (Cape Verde and Rwanda) and one to accelerate it (Burundi).

31. All countries have adopted rural development strategies, most of them focusing on less developed regions. About one third have developed land settlement schemes and growth centre strategies. Although less than half of the countries have established policies to slow rural-to-urban migration, the majority of Governments now have policies to slow the growth of magnet cities or metropolitan areas and a similar number are promoting the growth of small towns and intermediate cities. A few Governments are planning to relocate their national capitals or are in the process of doing so (7 of 41 for which information is available). Various population distribution policy instruments have been applied in almost all countries: about 20 countries provide public-infrastructure subsidies, grants, loans and tax incentives to new or relocated industries, and about 13 have decentralized administrative, educational and research functions. However, direct assistance or employment subsidies for migrants are seldom used, and residential controls even more rarely.

32. Although the above data indicate the progress made in recognition of the importance of integrating population factors into the development process and of formulating population policies, much remains to

be achieved. For example, although half of the countries without an explicit policy have one under consideration, delays in adopting such a policy are common. The UNFPA field offices rate governmental commitment to the implementation of policies as strong in nine countries, as moderate in 11 countries, and weak in four countries.

Population and national development plans

33. Ninety percent of all countries in the region have adopted development plans. Although population concerns are taken into account in the development plans of 26 of the 37 countries, in about half of these cases population concerns are only partially treated. A separate study on the integration of population policies in national development plans, undertaken by the UNFPA regional adviser specializing in population and development, reveals that in the 22 plans reviewed, population factors are still considered as exogenous variables and thus are not integrated into socio-economic planning objectives. This finding was confirmed by the Fund's 1988 comparative evaluation of UNFPA support to population and development planning in sub-Saharan Africa.

34. In response to the growing concern throughout the region about the interaction between population and environmental factors, UNFPA is providing support for a pilot study on the island of Mauritius. The study seeks to improve the understanding of interaction between population variables, changes in the socio-economic structure and environmental factors. The aim of this study is twofold: to design a methodology by which to analyse the interrelationship between population, development and environment; and to create awareness about the underlying mechanisms at work and about potential future undesirable changes and the options available to avoid them.

Law and population

35. Many countries in the region have laws bearing on population issues which date back to the colonial past and may run counter to present population objectives. Indeed, the majority of countries have at least some laws that are inconsistent with stated population objectives. These laws address such issues as, inter alia, age at marriage, sale and use of contraceptives, and women's rights of ownership. During 1987-1990, significant efforts were made in 13 countries to review existing laws with a view to bringing them into accord with population policies and programmes (Burkina Faso, Cameroon, Cape Verde, Chad, Congo, Ethiopia, Kenya, Madagascar, Mali, Niger, Nigeria, Senegal and United Republic of Tanzania).

B. Maternal and child health and family planning

36. The guiding principles of the UNFPA Africa strategy include assisting all countries in providing better access to information on birth spacing and family planning and in improving the quality of health services in order to reduce infant and early childhood mortality, maternal morbidity and mortality, and high rates of fertility.

37. To those ends, UNFPA supported at least one MCH/FP project in each country in the region. In many countries, the Fund supported projects that were tailored to certain population groups or based on different types of delivery systems (Ethiopia, Kenya and United Republic of Tanzania). UNFPA continued to support country activities through regional training activities. These included training in clinical family planning skills in Mauritius, Tunisia and Portugal; communication and management courses for MCH/FP personnel in two Canadian universities; and management courses for MCH/FP personnel in such African institutions as the Centre Africain d'Etudes Supérieures en Gestion (Senegal), the Eastern and Southern African Management Institute (United Republic of Tanzania), and the Ghana Institute of Management and Public Administration.

38. In an effort to bring a sharper focus to its regional MCH/FP training strategy, UNFPA commissioned a study of country training needs and a review of existing and planned training courses. The study and review identified the areas in which the match between "supply" and "demand" was poor and suggested strategies to address this mismatch. The Fund also commissioned a diagnosis of MCH/FP management information and logistics systems in 27 African countries which underlined the importance of improving these two key management tools. Furthermore, UNFPA, in collaboration with other agencies such as WHO, UNICEF, UNDP, the World Bank and IPPF, supported the Safe Motherhood Initiative by organizing regional conferences in Niamey (Niger) and in Harare (Zimbabwe). National seminars on the same topic were also held in Ethiopia and the United Republic of Tanzania. Finally, the Fund, together with the World Bank and IPPF, initiated operations research in Ghana, Nigeria and Kenya aimed at improving the quality and delivery of family planning services in these countries.

39. Birth spacing and family planning counselling and services are now provided by Governments in at least some parts of the health infrastructure in all countries except two (Equatorial Guinea and Gabon) and by NGOs in well over two-thirds of all countries. This reflects the growing public and private recognition of the negative health effects of unregulated fertility. Private physicians and pharmacies are offering family planning counselling and services in 90 per cent of all countries, although in two out of every three countries their involvement is minor. In 15 out of 37 countries a community-based programme of distribution of contraceptives is operated by the Government or an NGO, and in 12 out of 37 countries contraceptives are provided through a subsidized commercial-marketing scheme. Family planning is available to some extent through all these channels in seven countries (Ghana, Mali, Nigeria, Sierra Leone, Zaire, Zambia and Zimbabwe). Specific programmes are provided for adolescents and/or other special population groups in about half of all countries.

40. In no country is the Government any longer imposing major limitations on the population's access to modern contraceptives, even in the face of unfavourable laws. This is the case even in the three countries where the Government would like to see a higher level of fertility and population growth. Oral contraceptives, IUDs and injectables are available in almost all official family planning programmes. Other methods, however, are far from available everywhere. Vasectomy is reportedly unavailable in half of the countries, and tubectomy is not undertaken in one third of them. At the present time, NORPLANT subdermal contraceptive implants are obtainable in only one fifth of the countries.

41. As the above information demonstrates, in almost all sub-Saharan countries, regardless of attitude towards population growth and distribution, there is a growing awareness of the negative impact of unregulated fertility on the health and chances for survival of mothers and children.

42. There was significant growth in the network of family planning services in 90 per cent of all countries during 1987-1990 (the exceptions were Benin, Côte d'Ivoire, Madagascar and Mauritius). UNFPA contributed significantly to this growth in some 22 countries but only moderately in the remainder. In spite of such improvements, information on convenient access to family planning services indicates a great variation from country to country - from less than 10 per cent of the population with easy access (Ghana and Togo) to 85-90 per cent (Botswana and Zimbabwe). It is noteworthy in this regard that in the large majority of countries the existing facilities offering MCH/FP services are not being utilized to capacity by those with access to them. The main reasons for such under-utilization are lack of awareness, low acceptance owing to inadequate information and education activities, and deficiencies in both the quality of services and supplies of contraceptives. Still, UNFPA field offices reported an increase in the utilization of facilities in most countries during 1987-1990. This was attributed mainly to an increase in clinical staff and a heightening of awareness and acceptance. Field offices in two countries, however, reported a decrease in utilization (Benin and Mozambique).

43. Many field offices reported that MCH/FP services of various kinds continue to suffer from shortcomings in the supervision of personnel, frequently due to insufficient training of supervisors in family planning and management and/or lack of financial and staff resources. Only in four countries were MCH/FP facilities considered to be adequately supervised. In only half of the countries were service points considered to be adequately staffed, and three fourths of all countries experienced shortfalls in equipment and supplies. Nevertheless, UNFPA field offices reported that positive changes had taken place in each of these areas in the majority of countries during 1987-1990.

44. Unfortunately, the improvements in access to and quality of MCH/FP services have not yet produced significant declines in birth rates or notable increases in contraceptive prevalence rates (the percentage of married women of reproductive age using any method of contraception). In fact, a comparison of United Nations estimates of national population growth rates for 1985-1990 and 1980-1985 shows increases in all the countries in the region except Côte d'Ivoire, Kenya, and Mauritius. The largest increases are estimated to have occurred in Cameroon (from 3.0 to 3.3 per cent), Cape Verde (from 2.9 to 3.2 per cent) and Gabon (from 1.6 to 2.3 per cent). Moreover, the United Nations estimates that total fertility rates remained unchanged in the majority of the countries while increasing in four of them (Cameroon, Equatorial Guinea, Ethiopia and Gabon) and decreasing in five (Cape Verde, Kenya, Mauritius, Senegal and Zimbabwe). Contraceptive prevalence, on the other hand, remains low in the region as a whole compared with elsewhere in the developing world. A recent survey carried out in 12 countries indicated a range from 5 per cent in Mali and Uganda to 32 per cent in Botswana, 43 per cent in Zimbabwe, and 75 per cent in Mauritius. The percentage using so-called modern methods (i.e., methods other than abstinence, rhythm and withdrawal) was only 1 to 3 per cent in more than half of the 12 countries.

45. Nevertheless, there is some detectable progress in impact indicators in the region. For example, recent data from Kenya, where the family planning effort has been reinvigorated, demonstrate an even greater decline in total fertility (from 7.6 children per woman to 6.7) in recent years than had been estimated by the United Nations. In Botswana, a demographic and health survey undertaken in 1988 indicates that fertility levels have declined over the past decade from 7 children per woman to 5. Contraceptive prevalence, at least judged from indirect indicators such as growing demands for contraceptive supplies, appears to be on the rise in a number of other countries such as Cameroon, Ghana, Zambia, Senegal and Rwanda. Service statistics show an increase in numbers of new family planning acceptors in most countries, and demand for family planning has far outstripped supply in such cities as Luanda (Angola) and Maputo (Mozambique), each of which has only a limited number of service facilities. Normally, such changes are precursors to documentable fertility declines.

46. In an effort to document deficiencies and point the way towards feasible programme improvements, operations research, including socio-cultural studies and attitudinal surveys (such as, for example, the attitudes and behaviour of health personnel in Mali) were undertaken in 27 out of 37 countries in the 1987-1990 period. In most cases, UNFPA assisted these efforts. UNFPA also supported improvement of existing management information systems (MIS) in just under half of all the countries in the region, although recent UNFPA-supported analyses in 27 countries indicate the need for considerably more assistance in moulding MIS and logistics systems into effective management tools.

47. According to UNFPA field officers, the two most important obstacles to increasing family planning practice appear to be cultural resistance and lack of information concerning family planning and/or contraceptive methods. Other major obstacles cited include inaccessibility and poor quality of services and lack of government support.

48. Two family-planning-related issues of great importance in Africa are infertility and AIDS. The incidence of infertility is considered to be high in nearly three out of every five countries in the region. Efforts are under way to reduce the incidence of infertility in most of these countries as well as in a few

countries where infertility is not regarded as being high (Angola, Burundi and Zaire). Field offices report that AIDS is being addressed in the context of MCH/FP programmes in nearly three quarters of all countries. Important activities in the effort to combat AIDS include specialized training for staff, counselling in AIDS prevention and the provision of condoms.

C. Population information, education and communication

49. In order to enhance knowledge of and create favorable attitudes towards family planning and population dynamics, UNFPA has supported country-level IEC projects in both formal and non-formal educational settings. At the regional level, UNFPA, together with the Canadian International Development Agency (CIDA), sponsored a major appraisal of over 250 IEC projects in East and Southern Africa. Unfortunately, it proved impossible during the programme cycle to establish regional IEC clearing-houses as originally planned. Although some ad hoc regional training courses in both formal and informal IEC were conducted during the period, the establishment of systematic regional courses remains a primary concern of the 1992-1995 regional programme (see document DP/1991/29).

Formal education

50. As of 1990, UNFPA was supporting efforts to incorporate population education, generally including elements on family life, in the school systems of 29 countries. Stages of development of this process range from initial preparatory efforts to routinized teaching in large numbers of schools.

51. According to the field offices, family life education has been fully incorporated into the curricula at the primary and secondary levels of the formal education system in only three countries, all located in the southern part of the region (Botswana, Lesotho and Zimbabwe). About four fifths of the countries in the region do not yet include family life education in the curriculum at the primary level at all or beyond relatively few pilot schools. At the secondary level, less than one quarter of the countries have extensively introduced this subject. Family life education is completely absent from the formal curriculum at the post-secondary level in most of the countries, although pilot exercises are being introduced at this level in some countries.

52. Other related subjects -- such as the role of population in development; population, resources and environment; population and food production; and population and employment -- have been incorporated in the formal education system to an even lesser extent. Only in Lesotho are these subjects taught in most schools at the primary and secondary levels. Population and development topics are included in the curriculum of a small number of schools at the secondary and post-secondary levels only in the Central African Republic and at the post-secondary level only in Zimbabwe.

53. Nevertheless, during 1987-1990 most countries took steps to incorporate population education in formal education curricula. However, in order to extend coverage of family life education and population concerns to all schools in almost all countries in the next five years it will be necessary to intensify teachers' training, to sensitize educators as well as the public, especially parents, and to provide assistance for textbooks, audio-visual materials and curriculum development. In a few countries it will also be necessary to establish population education units in their Ministries of Education.

Non-formal education

54. In three fourths of the countries important changes took place in non-formal population IEC during 1987-1990. UNFPA supported such projects in 25 countries. Efforts ranged from working with grass-roots organizations through such local media as puppet shows (Burundi) and folk songs (Comoros) to producing

mass media materials for television and radio programmes. Radio is particularly effective in the region, given the difficulty of transportation in some areas and the generally sizeable listenership which varies from an estimated 20 per cent in Guinea to over 80 per cent in Botswana.

55. Over two thirds of the countries in the region conducted awareness-creation activities for various leadership groups such as parliamentarians, government ministers, and community leaders in the period 1987-1990. Most countries also made special efforts to strengthen the training of journalists in population and related subjects at national or regional institutions, in most cases with support from UNFPA.

56. The overall impact of such activities, although difficult to assess, can be gleaned from an examination of a number of indicators of awareness and acceptance of family planning and of recognition of the importance of population dynamics. One important indicator, for example, is awareness among women of the existence of family planning methods. However, estimates vary widely from country to country and between urban and rural areas within countries. Field offices reported a range from a low of 2 per cent having knowledge of at least one family planning method (Guinea) to over 90 per cent in urban populations in such countries as Benin, Botswana, Cape Verde, Swaziland, Togo, Uganda and Zimbabwe. Knowledge of where services may be obtained is generally less prevalent. As low as such levels of knowledge may be in some countries, they still indicate a growth in awareness of the existence of family planning, of specific contraceptive methods, and even of the interrelationship between population and development, which as little as 10 years ago was practically non-existent in most of the region. What remains now, of course, is to bring about greater changes in attitudes and behaviour.

57. Formal evaluations of specific IEC project activities have been conducted in only about 13 countries. The results in roughly two thirds of these cases showed that the efforts had been fairly successful in changing knowledge or attitudes and behaviour.

58. Both the UNFPA field offices and the UNFPA/CIDA-sponsored subregional review of IEC projects indicate that non-formal education can be improved significantly only through further training of IEC personnel in programme planning and in the design and production of materials and messages. There is also need for research aimed at developing message content and guiding special efforts to target major population groups not reached currently. With one or two exceptions, countries still must formulate IEC policies and strategies and establish IEC units in government planning and development departments.

D. Population, women and development

59. Over two thirds of the 25 Governments in the region for which information is available¹ consider the status of women to have a significant influence on the demographic trends in their country. A similar number of Governments report having adopted measures to improve the status of women, and almost as many have formulated policies aimed at ensuring equal opportunities for women and men.

60. The constitutions of most countries in the region call for the participation of women in the nation's economic and political activities. Such calls were added to the constitutions of some 15 countries, all but one of which with UNFPA's encouragement.

61. Women's concerns are increasingly being taken into account in government policies and development planning. This is now reportedly the case in at least 26 countries in the region. In these same countries,

¹ United Nations, Results of Sixth Population Inquiry Among Governments, New York 1990, ST/ESA/SER.R/104.

laws have been adopted allowing for and sometimes encouraging women's full participation in the economic and political life of the nation. The principal remaining barriers to women's participation in development include the persistence of restrictive socio-economic factors, the incidence of high fertility, limited access to education and socio-economic activities, and the existence of labour, ownership and family laws limiting women's rights.

62. In at least 24 countries, the Government has established, often with UNFPA support, a Women's Bureau to promote women's participation in development and other activities of special concern to them. Moreover, in most countries, one or more national women's organizations are involved in population activities of various kinds. UNFPA has provided support for such organizations in 12 countries and is currently considering similar support in two others. Only a few countries routinely collect data on women's status, and fewer still attempt to assess how this status is changing. UNFPA is encouraging activities in this area, providing support for such assessments in six countries. In Ethiopia, for example, UNFPA supported the establishment of a centre at the University of Addis Ababa specializing in training and research on the advancement of women. In Mali, the Fund is giving assistance to the national women's organization to undertake studies of "the legal and practical aspects of women's economic participation in family life" and "the socio-economic impact of girl (school) drop-outs".

63. Aware of the critical need for research and training if women are to be equal partners in socio-economic development, UNFPA, in co-operation with the Division for Advancement of Women at the United Nations Office in Vienna (UNOV), held a regional meeting for francophone African countries to examine the impact of demographic trends, socio-cultural values and economic conditions on the status of women. Experts from universities and NGOs prepared discussion papers which provided participants with a framework for follow-up actions at the country level.

64. There has been a marked increase in collaboration in action programmes at the country level. In Mali and Rodrigues Island (Mauritius), for example, UNFPA teamed up with the United Nations Development Fund for Women (UNIFEM), other United Nations agencies and the Governments concerned in an endeavour to link population education and training in family health and family planning with income-generating activities. Also in Mauritius, UNFPA assisted the University of Mauritius in organizing a workshop to develop teaching programmes and research in the area of women's studies. In Senegal, as part of a UNDP/United Nations Capital Development Fund project for rural co-operatives, UNFPA is supporting a component on family life education and training for leaders of local women's groups. Interagency co-ordination is also taking place in an increasing number of countries. For example, in Ethiopia, there is an interagency committee on women in development which meets periodically to review projects and is carrying out a joint review of women-in-development activities.

65. The Fund has made consistent efforts to produce and disseminate relevant information materials on women, population and development (see document DP/1991/32). The publication African Women examines, in depth, the project implementation cycle in four selected countries - Gabon, Guinea-Bissau, Zaire and Zambia - indicating how problems in design, logistics and women's participation have impeded the implementation of projects specifically aimed at them.

III. OPERATIONAL CONSTRAINTS AND PROBLEMS

66. In more than two thirds of the countries in the region the economic situation had a major impact upon the implementation of population activities during 1987-1990. In most countries, the salaries for government service are not considered attractive enough to induce qualified personnel to work in population-related fields. Alternatives are being explored in three fifths of the countries to make population

activities more effective under the current economic conditions. For its part, UNFPA has taken steps to reduce the financial liabilities of Governments by selectively absorbing more local costs of population programmes in nearly half of the countries. A general movement in the same direction appears to be under way among other donors in a similar number of countries.

67. UNFPA field offices assessed UNFPA projects in terms of quality of formulation during the period of the strategy. Half considered project formulation to be "good", and a similar number rated it as "fair". Only one gave a rating of "poor". Such ratings seem to be somewhat at variance, however, with the opinion of many recent independent UNFPA evaluations, and of various agency and Government officials, that deficiencies in project formulation are common and a major cause of problems that come up later in project implementation. Monitoring and evaluation of UNFPA projects were considered by the field offices to be "good" in nearly two thirds of the countries and "fair" in the remaining countries, except one, where it was judged to be "poor".

68. The field offices also rated UNFPA-supported projects in terms of financial management, including promptness of release of funds and appropriate monitoring of their use. The overwhelming majority (28 out of 37) considered such management as "good"; in no case was it rated as "poor". Implementing agencies in the recipient countries were classed as "good" in only 6 of the countries, "fair" in 18 and "poor" in the other 6. As for financial management of projects by executing agencies the highest scores were given to the International Labour Organisation (ILO) and the Food and Agriculture Organization of the United Nations (FAO) followed, in order of effectiveness by the United Nations Department of Technical Co-operation for Development (UN DCD), the World Health Organization (WHO), and the United Nations Educational, Scientific and Cultural Organization (UNESCO). The technical advice and assistance given to the countries were also rated, showing the highest score for Economic Commission for Africa (ECA) followed by the ILO. The lowest ratings were given to UNESCO and WHO.

69. Significant modifications seem to have taken place in executing and/or implementing arrangements during 1987-1990 which have affected implementation of UNFPA-supported population programmes in nearly two thirds of the countries. These include, among others: (a) increased involvement of nationals in programme development and implementation; (b) improvement in countries' absorptive capacity, especially in terms of personnel trained to design and manage programmes; and (c) expanded use of various private-sector alternatives for service delivery. Several modifications are still needed, in the opinion of the field offices, including such areas as increasing the numbers of qualified national and international staff in field offices, intensifying government involvement in programme activities, and increasing financial resources.

70. A mechanism for co-ordinating population assistance has been established within the national administrative structure in 26 of the 35 countries for which information is available. Such a mechanism is reportedly still absent in Cameroon, Chad, Comoros, Côte d'Ivoire, Equatorial Guinea, Madagascar, Mauritius and Mozambique. Co-ordination between donors on the one hand and between donors and recipients on the other is rated by the UNFPA field offices as "good" in 11 countries, as "fair" in 18 countries and as "poor" in 5 countries. There were changes in the amount and/or quality of co-ordination in over half of the countries during the 1987-1990 period, with UNFPA offices taking a more active role as co-participants in, or in many cases as leaders of, co-ordination efforts.

Special Initiatives

71. UNFPA continued to undertake a number of initiatives to facilitate consultations among UNFPA staff, United Nations agencies, NGOs and multilateral and bilateral donors concerning the implementation of the strategy. In November 1990, the Fund organized a five-day regional meeting in Kampala, Uganda, to review the progress made in the implementation of the strategy and to analyze and find solutions to constraints to its future implementation. The participants included all of UNFPA headquarters staff, Africa region

Country Directors, regional advisers, United Nations agencies, NGO and donor representatives. The aim is to make population programme assistance more effective and to encourage greater support from the international community.

72. In its support to the United Nations Programme of Action for African Economic Recovery and Development (UNPAAERD), UNFPA continued to participate actively in the Steering Committee established by the Secretary-General and to provide inputs in the preparation of the Secretary-General's final report on the implementation of the Programme to be submitted to the forty-sixth session of the General Assembly.

73. As 29 of the least developed countries (LDCs) are in the Africa region, UNFPA contributed both to the Paris Conference in 1990 and to a preparatory meeting between experts of donor countries and of multilateral and bilateral financial and technical assistance institutions with representatives of the least developed countries.

74. Within the framework of the Joint Consultative Group on Policy (JCGP) collaboration, the JCGP members of the sub-group on Africa have taken steps to synchronize their programming cycles to ensure effective co-ordination of technical assistance to African countries. Other initiatives include a meeting in April 1990 in New York between UNFPA and the World Bank to exchange information and to improve co-ordination of the population programmes of both institutions in the region. One important collaborative project with the World Bank is the "Agenda for Action to Improve Population Implementation in sub-Saharan Africa in the 1990s", the implementation of which took place, on a pilot basis, in Kenya, Nigeria and Ghana. The findings are expected to guide the course of action in the implementation of population programmes in sub-Saharan Africa. Also, consultations took place on the integration of population into the Social Dimensions of Adjustment (SDA) Programme of the World Bank. This will result in the assignment of an economist-demographer to the SDA Unit and support to the population components of SDA programmes within the framework of UNFPA-supported country population programmes.

75. As an outcome of the regular meetings of the Inter-Agency Committee on Census Co-ordination in sub-Saharan Africa, UNFPA organized a donors co-ordination meeting on the African Census Programme in Geneva in June 1990 to apprise donors of the status of ongoing and planned census activities in order to obtain increased donor commitment. A follow-up meeting is planned for 1991. Collaboration between UNFPA and the Organization of African Unity (OAU) continued through UNFPA's active participation and contribution to the April 1990 meeting on co-operation between the OAU and the United Nations system for 1990-1991. Furthermore, in the effort to strengthen the awareness of member Governments to population issues and the formulation and implementation of population policies, UNFPA initiated discussions with the OAU with respect to the organization of the first meeting of the OAU Population Commission and the strengthening of the OAU's institutional capacities to deal with population activities.

76. UNFPA initiated discussions and consultations with UNFPA staff and other experts on the Africa survey programme as a prelude to the planning meeting to be held in 1991 to discuss the feasibility of the programme. The objective of this programme is to improve the information base for population and socio-economic planning and to upgrade present capabilities of African countries to regularly undertake surveys and to process and disseminate survey data.

Conclusion

77. The UNFPA strategy has greatly contributed to the increasing momentum in sub-Saharan Africa to deal with population issues. As demonstrated in this report, the period 1987-1990 witnessed considerable progress in the achievement of the goals and objectives set forth in the strategy. However, many challenges still remain. In the years ahead, the Fund will continue to assist those countries that still do not have

population policies to formulate and adopt such policies. UNFPA will also support efforts to formulate action programmes to implement population policies in countries that have already adopted them.

78. The Fund will direct its assistance at emerging needs in such areas as the training of nationals in all substantive sectors of importance to UNFPA, but in particular to those areas where there has been a lack of systematic training programmes, namely the management of MCH/FP services and facilities, the integration of population factors into development planning and the development of IEC strategies and activities. Other priority activities for future UNFPA assistance to the region would focus on: establishing population IEC clearing houses; improving MCH/FP logistics and management information systems; improving MCH/FP service delivery to ensure an increase in contraceptive prevalence; conducting socio-cultural research to improve programme design and monitoring and guide efforts to change attitudes towards family planning; and promoting integrated population, urbanization and environment planning. The Fund would also pay particular attention to the formulation and implementation of policies and programmes to improve women's contribution to and participation in population and development activities. The proposed UNFPA Action Plan on Women, Population and Development for sub-Saharan Africa would provide the framework for such activities.
